

VCB PROVIDER STATUS RENEWAL APPLICATION

Provider Status means an organization has entered into an agreement with VCB to offer a certain number of educational trainings. Trainings eligible for VCB approval must be relevant to the field of addiction, using a formal structure and held in the state of Virginia. A predetermined fee is set by VCB for granting approval of these trainings. The Provider pays the fee at the start of the one year agreement period. Each training must be submitted to VCB for review and approval at least 30 days prior to training date.

There are many benefits to becoming a Provider with VCB. You will be assured of offering training that all professionals must acquire for recertification. You may advertise that your training is VCB Approved. In addition, your training will be listed free of charge on the VCB website at www.vacertboard.org. Certified professionals look to VCB's Educational Providers as their first choice in selecting training for recertification.

To renew, simply submit the VCB Education Provider Status Agreement form and appropriate fee based on the selected number of trainings. Upon review and approval of your agreement, you will receive an assigned VCB Provider Status number which you will use and refer to throughout the one year agreement period.

The **contact person** listed on your VCB Education Provider Status Agreement form is the only person to whom VCB will send approval letters and other information regarding training approval, and is the only person who should submit training approval applications to VCB. If your contact person changes, inform VCB in writing. Prior to the end of the agreement year, you will receive information on renewing your Provider Status.

PROVIDER STATUS RENEWAL AGREEMENT

Provider Status Number: _____ **Expiration Date:** _____

Organization: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Contact Person: _____ **Phone:** _____

Email: _____

I/we agree to adhere to VCB's guidelines and deadlines for submitting trainings to be considered for VCB approval. Failure to do so could result in cancellation of Provider Status with VCB or the denial of education credits submitted for VCB approval. This agreement is effective through one year from date of signature.

Signature: _____ **Date:** _____

Please select the category which best represents the number of trainings your organization will submit for VCB approval during the one year agreement. It is best to anticipate your training needs for the entire year and select accordingly. This selection will also determine the fee to be paid. If you need to have VCB approve more trainings than were agreed upon, you may do so at a cost of \$50 per training until the agreement year is lapsed.

	Number of Trainings	Fee
<input type="checkbox"/>	1-5	\$100
<input type="checkbox"/>	6-10	\$150
<input type="checkbox"/>	11-15	\$200
<input type="checkbox"/>	16-20	\$250
<input type="checkbox"/>	College/University	\$250
<input type="checkbox"/>	21 & Above – Institute Status	\$300

Non-refundable fee can be paid using Check/Money Order

EDUCATION APPROVAL FORM

You must submit training for approval **at least 30 days prior** to the training on an on-going basis or submit all trainings your organization plans to present at one time, providing all the pertinent information as available. The following must be included with this application:

1. Copy of the Evaluation Form to be used.
2. Either a draft of the training flyer or a copy of a letter of invitation to other organizations to attend.
3. On a separate sheet, briefly summarize the training and describe the goals and objectives; include the daily program schedule, or, in the case of a college course, the syllabus.

Your responsibilities once training has been offered are:

You must provide a certificate of attendance to each attendee. The certificate must carry the attendee's name, the exact title of the training listed on application, name of the organization, the date of the training and the total number of hours awarded to each attendee. Do not change the title or date of the training without notifying VCB in writing. You must indicate on the certificate that the total hours awarded for the training are "VCB Approved Hours" (example "6 VCB Approved Hours of Education).

If an attendee must leave the training prior to its completion, his/her certificate of attendance must reflect the exact amount of time actually attended.

You must maintain attendance sheets for 3 years from date of all VCB approved trainings.

Within 10 days of completion of each VCB approved training, submit an attendance list including name and full address to VCB. VCB will randomly select attendees to inquire about the quality of the training.

Your organization may not advertise that a training is "pending VCB approval." Full VCB approval must be received first in order to use this in promotional materials.

Sponsoring Organization: _____

VCB Education Provider Number (if applicable): _____
If you do not have Provider Status, please include \$50 per workshop.

Address: _____

City: _____ **State:** _____ **Zip:** _____

Contact Person: _____ **Phone:** _____

Email: _____

Title of Training: _____
The title on your certificate of attendance must reflect the exact wording above.

Date of Training: _____ **Location of Training:** _____

Name(s) and Credential(s) of Instructor(s) – attach a brief instructor bio or resume:

Instructional Methods: _____
i.e. video, audio, etc.

Didactic Presentation Time: _____ **Experiential Presentation Time:** _____ **Total hours:** _____
Exclude breaks, meals, etc.